

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

(10/694264)

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 9-28-01		2 Serial/Patent # 15/647264			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input checked="" type="checkbox"/>	Filing			\$	
<input type="checkbox"/>	Amendment			\$	
<input type="checkbox"/>	Extension of Time			\$	
<input type="checkbox"/>	Notice of Appeal/Appeal			\$	
<input checked="" type="checkbox"/>	Petition		9/21/01	\$ 1500	
<input type="checkbox"/>	Issue			\$	
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	
<input type="checkbox"/>	Maintenance			\$	
<input type="checkbox"/>	Assignment			\$	
<input type="checkbox"/>	Other			\$	
		7 TOTAL AMOUNT OF REFUND	\$ 1500		
8 TO BE REFUNDED BY: <i>Credit Card</i>					
<input type="checkbox"/>	Overpayment	Treasury Check			
<input checked="" type="checkbox"/>	Duplicate Payment. <i>Fee sent for wrong Dep't. 9/21/01.</i>	Credit Deposit A/C #: <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/>			
No Fee Due (Explanation):					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: <i>Frances Hicks</i>		TITLE: Petitions Examiner			
SIGNATURE: <i>Frances Hicks</i>		PHONE: x23218			
OFFICE: Office of Petitions					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****					
APPROVED: <i>Chlk</i>		DATE: 9/28/01			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B